

Fill in this information to identify the case:

Debtor name Armstead Risk Management, Inc

United States Bankruptcy Court for the: Eastern District District of New York
(State)

Case number (if known): 19-41489

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

| Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year | | | Sources of revenue Check all that apply | Gross revenue (before deductions and exclusions) |
|---|--|--|---|---|
| From the beginning of the fiscal year to filing date: | From <u>01/01/2019</u> MM / DD / YYYY | to <u>Filing date</u> | <input type="checkbox"/> Operating a business <input checked="" type="checkbox"/> Other <u>Rental Income</u> | \$ <u>27,900.00</u> |
| For prior year: | From <u>01/01/2017</u> MM / DD / YYYY | to <u>12/31/2017</u> MM / DD / YYYY | <input type="checkbox"/> Operating a business <input checked="" type="checkbox"/> Other <u>Rental Income</u> | \$ <u>405,000.00</u> |
| For the year before that: | From <u>01/01/2016</u> MM / DD / YYYY | to <u>12/31/2016</u> MM / DD / YYYY | <input type="checkbox"/> Operating a business <input checked="" type="checkbox"/> Other <u>Rental Income</u> | \$ <u>416,000.00</u> |

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

| | | | Description of sources of revenue | Gross revenue from each source (before deductions and exclusions) |
|--|------------------------------|----------------------------|-----------------------------------|--|
| From the beginning of the fiscal year to filing date: | From _____ MM / DD / YYYY | to <u>Filing date</u> | _____ | \$ _____ |
| For prior year: | From _____ MM / DD / YYYY | to _____ MM / DD / YYYY | _____ | \$ _____ |
| For the year before that: | From _____ MM / DD / YYYY | to _____ MM / DD / YYYY | _____ | \$ _____ |

Debtor Armstead Risk Management, Inc
NameCase number (if known) 19-41489**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|---|
| 3.1. Creditor's name Street City State ZIP Code | | \$ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other |
| 3.2. Creditor's name Street City State ZIP Code | | \$ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|---|-------|-----------------------|---------------------------------|
| 4.1. Insider's name Street City State ZIP Code | | \$ | |
| Relationship to debtor | | | |
| 4.2. Insider's name Street City State ZIP Code | | \$ | |
| Relationship to debtor | | | |

Debtor Armstead Risk Management, Inc
NameCase number (if known) 19-41489**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Description of the property | Date | Value of property |
|--|-----------------------------|------|-------------------|
| 5.1. Creditor's name Street City State ZIP Code | | | \$ |
| 5.2. Creditor's name Street City State ZIP Code | | | \$ |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|--|---|-----------------------|--------|
| Creditor's name Street City State ZIP Code | | | \$ |
| Last 4 digits of account number: XXXX- _ _ _ _ | | | |

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|---|--------------------|--|---|
| 7.1. Velocity Commercial vs. Arstead Risk Management Case number 0510329/2017 | Foreclosure Action | Kings County Supreme Court Name 360 Adams Street Street Brooklyn NY 11201 City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.2. Case title Case number | | Court or agency's name and address Name Street City State ZIP Code | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Debtor Armstead Risk Management, Inc Case number (if known) 19-41489
 Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

| Custodian's name and address | Description of the property | Value |
|---|-----------------------------|--|
| Gregory M. LaSpina Custodian's name 19-02 WHITESTONE EXPWY, Suite 302 Street WHITESTONE NY 11357 City State ZIP Code | 459-461 Myrtle Avenue | \$ 5,600,000.00 |
| | Case title | Court name and address |
| | Foreclosure Action | Kings County Supreme Court Name 360 Adams Street Street |
| | Case number | |
| | 0510329/2017 | |
| | Date of order or assignment | |
| | 07/24/2017 | Brooklyn NY 11201 City State ZIP Code |

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|--|---|-------------|-------|
| 9.1. Recipient's name Street City State ZIP Code | | | \$ |
| Recipient's relationship to debtor | | | |
| 9.2. Recipient's name Street City State ZIP Code | | | \$ |
| Recipient's relationship to debtor | | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Date of loss | Value of property lost |
|--|---|--------------|------------------------|
| | | | \$ |

Debtor Armstead Risk Management, Inc
NameCase number (if known) 19-41489**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|--|---|-------|-----------------------|
| 11.1. _____ Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____ | _____ _____ _____ | _____ | \$ _____ |
| 11.2. _____ Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____ | _____ _____ _____ | _____ | \$ _____ |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|----------------------------------|-----------------------------------|---------------------------|-----------------------|
| _____ Trustee _____ | _____ _____ | _____ | \$ _____ |

Debtor

Name

Case number (if known)

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-------------------------------|--|------------------------|-----------------------|
| 13.1. _____ | _____ | _____ | \$ _____ |
| Address | | | |
| Street _____ | | | |
| _____ | | | |
| City _____ | State _____ | ZIP Code _____ | |
| Relationship to debtor | | | |
| _____ | | | |
| 13.2. _____ | _____ | _____ | \$ _____ |
| Address | | | |
| Street _____ | | | |
| _____ | | | |
| City _____ | State _____ | ZIP Code _____ | |
| Relationship to debtor | | | |
| _____ | | | |

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy | |
|--------------|--------------------|----------------|
| | From | To |
| 14.1. _____ | _____ | _____ |
| Street _____ | | |
| _____ | | |
| City _____ | State _____ | ZIP Code _____ |
| 14.2. _____ | _____ | _____ |
| Street _____ | | |
| _____ | | |
| City _____ | State _____ | ZIP Code _____ |

Debtor _____ Case number (if known) _____
 Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

15.1. _____
 Facility name _____

 Street _____

 City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____
How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

15.2. _____
 Facility name _____

 Street _____

 City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____
How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
 Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

| Name of plan | Employer identification number of the plan |
|--------------|--|
|--------------|--|

_____ EIN: ____ - ____ - ____ - ____ - ____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor _____ Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

| | Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|---|---------------------------------|--|--|---|
| 18.1. | Name _____ Street _____ City _____ State _____ ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| 18.2. | Name _____ Street _____ City _____ State _____ ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------|---|
| Name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ _____ _____ | _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Address _____ _____ _____ | | |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------|---|
| Name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ _____ _____ | _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Address _____ _____ _____ | | |

Debtor Armstead Risk Management, Inc
NameCase number (if known) 19-41489**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

| Owner's name and address | Location of the property | Description of the property | Value |
|--------------------------|--------------------------|-----------------------------|----------|
| Name | | | \$ _____ |
| Street | | | |
| City State ZIP Code | | | |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| Case number | Name | | <input type="checkbox"/> Pending |
| | Street | | <input type="checkbox"/> On appeal |
| | City State ZIP Code | | <input type="checkbox"/> Concluded |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| City State ZIP Code | City State ZIP Code | | |

Debtor _____ Case number (if known) _____
 Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|---------------------------------------|---------------------------------------|-----------------------------|----------------|
| Name _____ | Name _____ | _____ | _____ |
| Street _____ | Street _____ | _____ | |
| _____ | _____ | | |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ | | |

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|--|-------------------------------------|---|
| 25.1. _____ Name _____ Street _____ _____ | _____ _____ _____ | EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____ |
| 25.2. _____ Name _____ Street _____ _____ | _____ _____ _____ | EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____ |
| 25.3. _____ Name _____ Street _____ _____ | _____ _____ _____ | EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____ |

Debtor _____ Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| Name and address | Dates of service |
|--|---------------------|
| 26a.1. ANDRE MCDONNAUGH Name 2425 GRAND AVE Street BALDWIN NY 11510 City State ZIP Code | From _____ To _____ |

| Name and address | Dates of service |
|--|---------------------|
| 26a.2. _____ Name _____ Street _____ _____ City State ZIP Code | From _____ To _____ |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

| Name and address | Dates of service |
|--|---------------------|
| 26b.1. _____ Name _____ Street _____ _____ City State ZIP Code | From _____ To _____ |

| Name and address | Dates of service |
|--|---------------------|
| 26b.2. _____ Name _____ Street _____ _____ City State ZIP Code | From _____ To _____ |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

| Name and address | If any books of account and records are unavailable, explain why |
|--|--|
| 26c.1. _____ Name _____ Street _____ _____ City State ZIP Code | _____ _____ _____ |

Debtor _____ Case number (if known) _____
 Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Name and address

26d.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Debtor Armstead Risk Management, Inc
 Name _____

Case number (if known) 19-41489

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------|---------|-------------------------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|-------|---------|-------------------------------------|---|
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---------------------------------------|--|-------|--------------------------------|
| 30.1. _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Street _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| City _____ State _____ ZIP Code _____ | _____ | _____ | _____ |
| Relationship to debtor _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Debtor Armstead Risk Management, Inc
Name

Case number (if known) 19-41489

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on ____
MM / DD / YYYY

X s//

Signature of individual signing on behalf of the debtor

Printed name Malik Armstead

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes